		n R	egistration District No	ب2/	امه	rimary Registra	ation Distric	No.542	8 Registrar	's No 6		STATE	FILE NUMB	SER	
AMENDED		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution in the deceased lived in the decea									tution: Re:				
Ì		1_		ankl;						Mo.	b. COUNTY	Frank]	in	admission	on)
ľ			b. CITY (If outside co OR TOWN COMO	rporate limi	its, give TOW	NSHIP only)	Lengt	h of stay in 1b	ll OR		-			Inside Lin	mit
1		l _					61	£2-	TOWN	Ge	rald			Yes 🗆 N	
			c. FULL NAME OF (IF HOSPITAL OR INSTITUTION	NOT in hor	spital, give lo	cation)	ļ	Inside Limits	d. STREET ADDRES	s	(If outside	, give locatio		Reside on	
		f _	INSTITUTION	A+	HOME	• 		Yes 🕟 No 🗹	<u> </u>		<u>Boone</u>		L`	Yes X N	Vo.
_	\Box	-3	. NAME OF DECEASED		First		Middle		Last	4. DA		onth	Day	Yes	18
ĺ	.	•	(Type or print)	CLAF	RENCE	1	€.	MTT	LER:	OF DEA	тнFe	h. 7	Ο.	1962	>
- }]	-5	5. SEX		R OR RACE	7. Marri		ver Married		SIRTH 9. AG	E (last birthday) IF UNDER		IF UNDER	2
- [1 1	1	Wale	Wh.	i t o	Widow		Divorced 🗀		1808	62	Months	Days	Hours	٨
1]]	10	MALOCCUPATION			e 10b. KIND	OF BUSINE	SS OR INDUST	RALL REPUBLISHED	ACE (City and	state or country) 12. CITIZ	ZEN OF WI	AAT COU	NT
		1	_ during most of workin Parming	ng lite, avei	n if refired)	Form	n		LChamp	ion Cii	by Mo	U.S	S.A.		
l		13	a. FATHER'S NAME			13	b. MOTHER	S MAIDEN NA	WE		N. NAME OF	HUSBAND C	R WIFE		
		1	John Mil	ler			Pried	ericka	Ehlert		Charle	Address	bille.	r	
l		15	S. WAS DECEASED EVER	IN U.S. A	RMED FORCES	\$?			17. INFORMA	NT		Address			
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	es, no, or unknown) (If						Mrs.	Charlo	tte Mi	ller.	Gera		N
		I =	18. CAUSE OF DEATH	(Enter only	AS CAUSED B	er line for (a),	, (b), and (c)						INTER	ET AND D	W
									•						, c, p
- [W						Ellen.	دوسهد	1 cens	ne 10 1	/Gene	roles	201)	ם שות וב	<i>,</i> . <i>,</i> .
	COME				DIATE CAUSE		Eden	ora	remos	na)	Gene	raly	ear)		
	DOCUMEN		Conditio	!MMED		(a)	lden Kem	ara	reinos	end	Gene Vern	raly	ear)		
	DOCUME		Conditio which shove	!MMED ons, if any, ave rise to cause (a),	DIATE CAUSE	(a)	Rem	ora ery k	reinos	lnd	/Gene Vern	uned	est)		-
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	DOCUME	CAL CERTIFICATION	Condition which go above stating lying compared to the compare	immedians, if any, ave rise to cause (a), the under, ause last. OTHER S disease of the cause last.	DUE TO DUE TO	(a)	(e.g., in or	b. DESCRIBE HO		JRRED. (Enter n	ature of injury	there a	eased we pregnancy	ss femal in last 9	le 90 Ink
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FEB 19 1962

STATEMENT BY LICENSED EMBALMER

r by	, Student Embalmer No
orking under my personal supervision.	b Dog
udentSignature of Student Embalmer	Signed Christ & Oltmann
•	Licensed Embalmer No. 4054
•	P. O. Address Union, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.